



REQUEST FOR REFUND

Proof of payment is required:

One copy of the original cash register receipt or cancelled check must accompany this request.

PERMIT NUMBER: _____

PROJECT NAME: _____

PROJECT ADDRESS: _____

AUTHORIZED TO REQUEST REFUND (check appropriate box):

☐ Contractor

☐ Agent

☐ Property owner

☐ Other (explain below)

MAKE REFUND PAYABLE TO: _____

SEND REFUND TO ADDRESS: _____

REASON FOR REFUND: _____

DATE OF REQUEST: _____ *CONTACT PHONE #: _____

* SIGNATURE: _____

* PRINT NAME: _____

*** Note: All requests must include a valid signature of the person requesting the refund and their contact phone number.**

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BELOW FOR CITY OF DES MOINES USE ONLY.

☐ Refund ☐ % of permit fee: _____ REFUND AMOUNT = \$ _____

☐ Other: _____ REFUND AMOUNT = \$ _____

☐ Refund denied

Explanation: _____

AUTHORIZING SIGNATURE: _____ Date: _____